INSTRUCTIONS ON REVERSE SIDE

No. 78207

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

1. Mailing Address *Please Correct If Not Correct*

ARCHIBALD INSURANCE CENTER,
LYNN ARCHIBALD
117 WEST MAIN, BOX 96

REXBURG ID 83440

2. Registered Agent and Office NOT A P.O. BOX

LYNN D. ARCHIBALD
117 W. MAIN, BOX 96

REXBURG ID 83440

3. Incorporated Under The Laws of ID

NO: 078207

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	LYNN D. ARCHIBALD	73 N. 3RD EAST	REXBURG	ID.	83440
Secretary:	PATRICIA ARCHIBALD	1690 S. 1000 WEST	REXBURG,	ID.	83440
Directors:					

5. Nature of Business

INSURANCE

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Lynn D. Archibald Date 8-5-91

Name (Typed or Printed) LYNN D. ARCHIBALD Title PRES